

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10-765420</div>	Filing Date
Applicant(s)		

								* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*.	*		*				
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend	
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10-765420

Filing Date

Applicant(s)

- * May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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50						
Total Indep	3					
Total Depend	13					
Total Claims	20					